

SERIAL NUMBER 09/460,844	FILING DATE 12/14/99	CLASS 714	GROUP ART UNIT 2785	ATTORNEY DOCKET NO. AUS9908343-U
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APPLICANT

AMIR HEKMATPOUR, AUSTIN, TX.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/03/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	LYON HARR & DEFRANK 300 ESPLANADE DRIVE SUITE 800 OXNARD CA 93030
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TITLE	SYSTEM AND METHOD FOR DETECTING DESIGN ERRORS IN INTEGRATED CIRCUITS
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FILING FEE RECEIVED \$922	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3026

SERIAL NUMBER 09/460,844	FILING DATE 12/14/1999 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. AUS9908343-U
APPLICANTS AMIR HEKMATPOUR, AUSTIN, TX;				
** CONTINUING DATA ***** none <i>NA</i>				
** FOREIGN APPLICATIONS ***** none <i>NA</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/03/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 29
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>			INDEPENDENT CLAIMS 3	
ADDRESS EDMOND A. DEFRANK 20145 VIA MEDICI NORTHRIDGE, CA 91326				
TITLE SYSTEM AND METHOD FOR DETECTING DESIGN ERRORS IN INTEGRATED CIRCUITS				
FILING FEE RECEIVED 922	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	